

ARIZONA STATE VETERINARY MEDICAL EXAMINING BOARD  
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DEC 15 2017

## COMPLAINT INVESTIGATION FORM

*If there is an issue with more than one veterinarian please file a separate Complaint Investigation Form for each veterinarian*

PLEASE PRINT OR TYPE

### FOR OFFICE USE ONLY

Date Received: DEC. 15, 2017

Case Number: 18-45

#### A. THIS COMPLAINT IS FILED AGAINST THE FOLLOWING:

Name of Veterinarian/CVT: LINDA J. LUTTH DVM

Premise Name: CORTARO FARMS PET HOSPITAL

Premise Address: 3550 W. CORTARO FARMS RD

City: TILLSON State: AZ Zip Code: 85742

Telephone: 520-744-2050

#### B. INFORMATION REGARDING THE INDIVIDUAL FILING COMPLAINT\*:

Name: EWEN & TOM MEANEY

Address: [REDACTED]

City: [REDACTED] State: [REDACTED] Zip Code: [REDACTED]

Home Telephone: [REDACTED] Cell Telephone: [REDACTED]

\*STATE LAW REQUIRES WE HAVE TO DISCLOSE YOUR NAME UNLESS WE CAN SHOW THAT DISCLOSURE WILL RESULT IN SUBSTANTIAL HARM TO YOU, SOMEONE ELSE OR THE PUBLIC PER A.R.S. § 41-1010. IF YOU HAVE REASON TO BELIEVE THAT SUBSTANTIAL HARM WILL RESULT IN DISCLOSURE OF YOUR NAME PLEASE PROVIDE COPIES OF RESTRAINING ORDERS OR OTHER DOCUMENTATION.

**C. PATIENT INFORMATION (1):**

Name: BELLA

Breed/Species: LABRADOR / DOG.

Age: 11 Sex: F Color: YELLOW

**PATIENT INFORMATION (2):**

Name: \_\_\_\_\_

Breed/Species: \_\_\_\_\_

Age: \_\_\_\_\_ Sex: \_\_\_\_\_ Color: \_\_\_\_\_

**D. VETERINARIANS WHO HAVE PROVIDED CARE TO THIS PET FOR THIS ISSUE:**

*Please provide the name, address and phone number for each veterinarian.*

LINDA J. LUETH D.V.M.

**E. WITNESS INFORMATION:**

*Please provide the name, address and phone number of each witness that has direct knowledge regarding this case.*

OWNERS

**Attestation of Person Requesting Investigation**

By signing this form, I declare that the information contained herein is true and accurate to the best of my knowledge. Further, I authorize the release of any and all medical records or information necessary to complete the investigation of this case.

Signature: Gweneth N. Meaney

Date: \_\_\_\_\_

**F. ALLEGATIONS and/or CONCERNS:**

*Please provide all information that you feel is relevant to the complaint. This portion must be either typewritten or clearly printed in ink.*

PLEASE SEE ATTACHED

## F. Allegations and/or Concerns (Attachment)

During Bella's last annual exam performed by Dr. Linda Lueth at the Cortaro Farms Pet Hospital on 1-20-2017 we informed her that she's still panting, drinking water often and was not her spunky self.

On 7/27/2017 we brought Bella back to Cortaro Farms Pet Hospital for a check-up, with Dr Lueth. Bella was still panting what we felt was excessively and still drinking quite often. The following conversation occurred"

Tom & Gwen Meaney: Dr. Lueth what is your medical opinion for the panting and is there any testing or x-rays that might explain this and the loss of her "spunk". Bella is over 11 years old and if she is really ill we didn't want take an extraordinary measure if she has something like cancer.

Dr. Lueth: Blood tests and x-rays can only tell you so much and only if you know what you're looking for. What are we looking for here?

We were a bit taken back by her question as that was what we were asking her.

Dr. Lueth: Let's take a look.

Dr. Lueth, with the aid of an assistant, took Bella's temperature and palpated her body, looked into Bella's mouth.

Dr Lueth: her teeth need cleaning.

Tom & Gwen Meaney: Bella has bad breath and seems to be drinking a lot of water.

Dr. Lueth: We'll take her in the back and have a look at her.

Dr. Lueth and the assistant took Bella and left the exam room.

Tom & Gwen Meaney (speaking privately): So glad we've brought her here before leaving her to our friends while we travel to Massachusetts for a family wedding.

Dr. Lueth returned with Bella

Dr Lueth: Bella had an impacted anal gland on one side and it was expressed and that Bella needs her teeth cleaned. ( Bella had one spot on her gums that was red. We were aware of that.)

Dr Lueth: My opinion is that for an 11 year old dog she looks pretty good, other than the dental work she's, "PERFECTLY HEALTHY."

We had to travel to Massachusetts on 20 August for an extended 6 week stay, so rather than board Bella for that period, and with the assurance from Dr Lueth that Bella was "perfectly healthy, we left her in the care of a good friend, a retired registered nurse, (contact information provided upon request) and fellow dog owner and dog lover. Bella has spent several extended stays at our friend's home in the past and has never experienced any health or behavioral issues. Our friend is the owner of 3 dogs herself. While there Bella received great care with access to clean water, a fenced yard and regular feeding. During our travels we were in touch

## F. Allegations and/or Concerns (Attachment)

with our friend on many occasions via phone and text message. Our friend also provided many photographs of Bella.

As a demonstration of our friends dedication to Bella she took care of a skin condition she had on her chin that Dr Lueth treated with antibiotics that worsened while we were away. Our friend consulted her own vet about the skin condition and working with us we were able to obtain another prescription of the antibiotic. Our friend administered the medicine in accordance with Dr Lueth's instructions. This conditions is still not completely resolved. Bella also had developed a sensitivity when touched in her back half and would occasionally present a low growl. Our friend knows Bella's behavior and is aware of her discomfort because of her experience with her own senior dogs that lived beyond the average for their breed. She has a lot of experience with Bella and as a result knew her temperament as an independent dog, and also knew she had "NEVER" bitten anyone!

Our friend also expressed concern that Bella's general health seemed to be deteriorating and that she "was not the same dog" that she'd been at the beginning of her stay and during previous stays. This was also evident to us from the photos our friend sent to us via text message. Bella had become lethargic, and almost complete loss of her appetite and had lost a lot of weight . All of us were at a loss to explain the change in eating habits and the sever weight loss. Thinking that is had something to do with her age (11+ years) and that she was just wasting away we made an appointment at a different Vet, the St Mary's Animal Clinic, where Dr Fender performed blood tests and informed us that Bella's sever weight loss, of almost 35% of her body weight, is caused by insulin dependent diabetes. She weighed 73.2 pounds at her July vet visit with Dr Lueth and 50.1 pounds at the St Mary's Animal Clinic. As a result of the diabetes Bella lost her eyesight. The blindness is also causing a change in Bella's temperament where she is more prone to growling and baring her teeth when requested to do something she does not want to do. Dr Fender will address the skin condition once we have Bella's diabetes under control.

Attached to this complaint form please find Bella's complete set of vet records from Cortero Farms Pet Hospital. Bella was never treated anywhere else until our recent transfer to St Mary's Animal Clinic. We feel it is obvious from our review of her records that we continually noted Bella's increased thirst and panting that they were dismissed by Dr Lueth. It is also evident from her records that under the care of Dr John Tye, suspecting an underlying cause preformed blood testing. Results of these tests show that Bella presented with high normal to abnormally high blood glucose levels early in her life. Could this be an indication of increased chance of later developing diabetes, we don't know the answer but feel Dr Lueth should have and taken appropriate steps and done reasonable testing.

#### F. Allegations and/or Concerns (Attachment)

We feel that the suffering Bella and we endured and Bella's blindness is a direct result of Dr Lueth's pronouncement that Bella was "perfectly healthy" when it is clear she was not and this suffering could have been avoided if Dr Lueth had listened more closely to the owner of the pet and performed a thorough review of her past records as they described the changes in her behavior and by performing the most basic blood testing.

Respectfully submitted  
Gwen and Tom Meaney



BELLA 10/09/17



BELLA 10/09/17



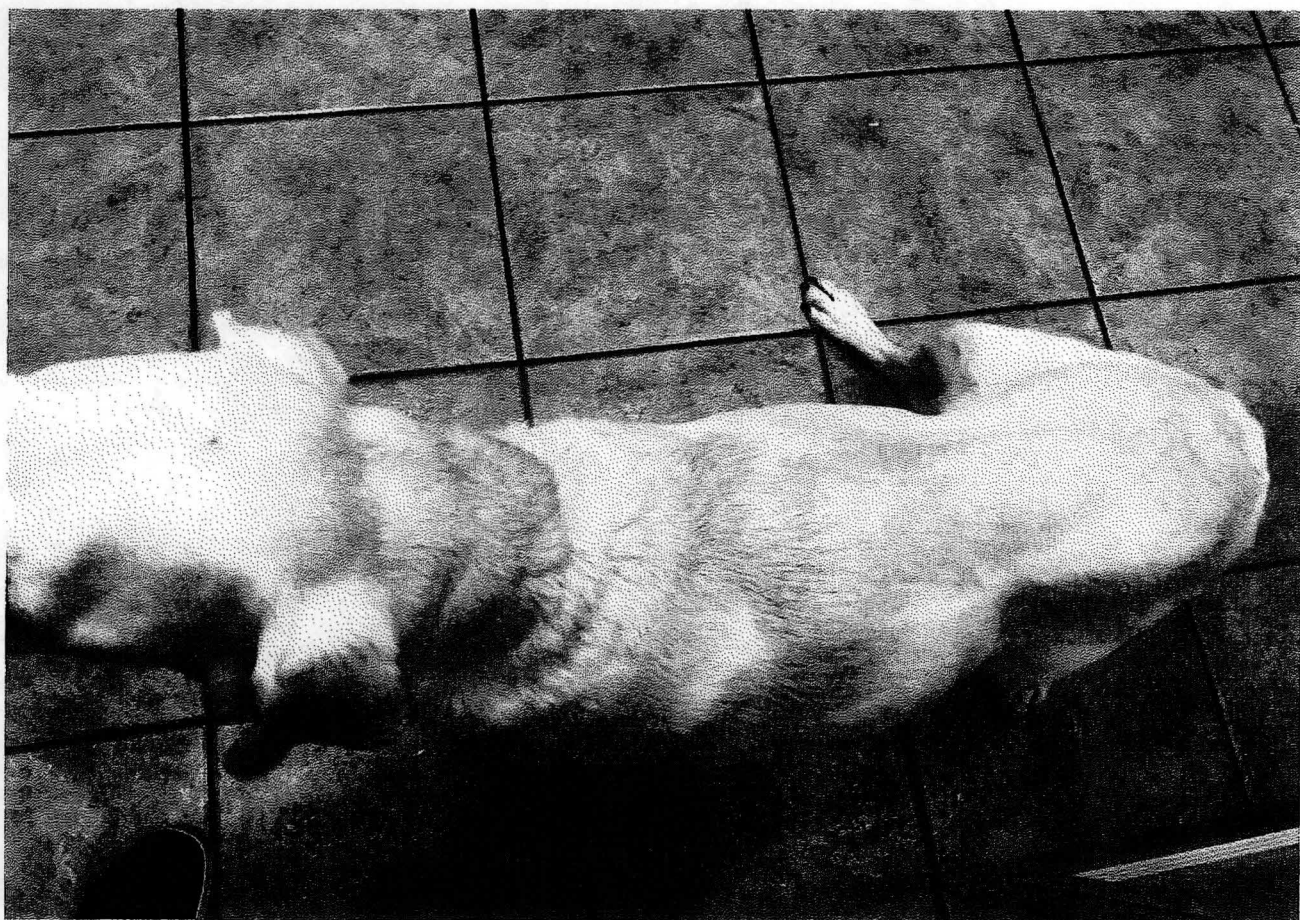


PHOTO - BECCA 10/09/17



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List 183402

**Novolin<sup>®</sup>**  
**N**

NPH, Human Insulin

See Insert  
Use with U-100 Insulin  
syringes only  
To mix, roll gently  
Unopened: Keep in  
refrigerator. Do not  
freeze. Opened: Keep at  
room temp (below 77°F).

**ReliOn**

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WALMART AND ITS AFFILIATES

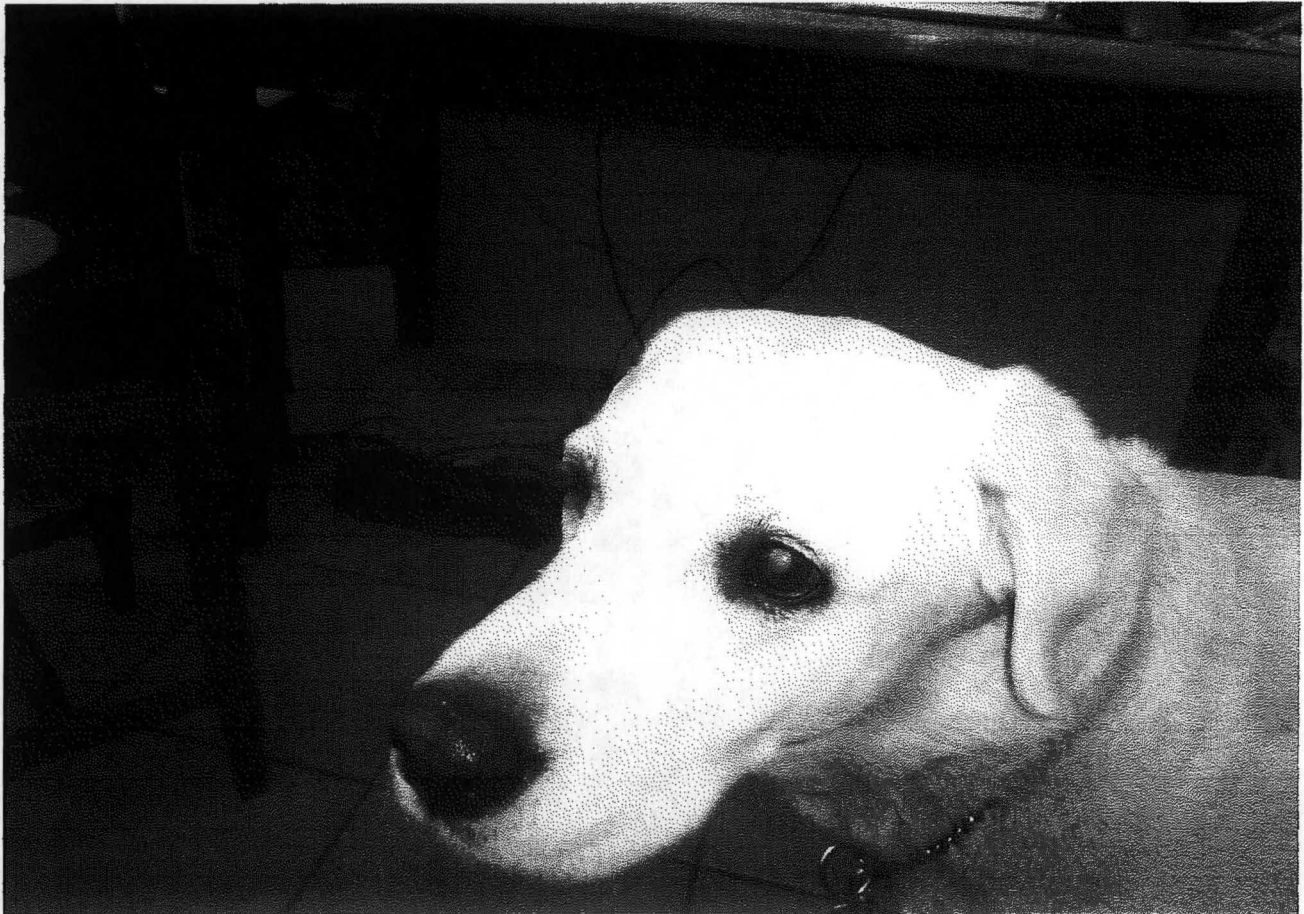
**U-100**

U-100

NDC 0169-181

**Novolin<sup>®</sup>**  
**N**

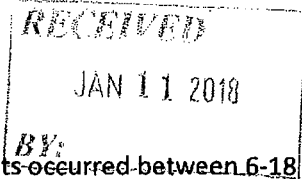
NPH, Human Insulin  
Isophane Suspension  
(recombinant  
DNA origin)  
100 units/mL 10 mL



NOTE THE BLUE CAST IN EYES FROM CATARACS  
NOT ABLE TO GET PHOTO OF RIGHT EYE BECAUSE  
SHE'S NOT A SCRATCHED CORNEA.

1/8/18

18-45



Below is my narrative account of the incident in question. Given that these visits occurred between 6-18 months ago, this account relies primarily on my notes and general approach to the practice of medicine.

Bella Meany has been a patient at Cortaro Farms Pet Hospital for over 11 years. As evidenced by the attached medical records, she has been seen numerous times during those 11 years.

First, let me explain a little about my general approach to medicine and medical record keeping. My staff and I obtain a history during each visit. Among the routine questions we ask are whether the patient has experienced changes in his or her behavior, appetite, water consumption, urination/bowel movements, and energy/activity level. We ask if there has been any coughing, sneezing, vomiting or diarrhea. I conduct my examination and make medical recommendations based in large part on the answers a patient's owners provide to me along with the findings during the physical examination. At the conclusion of the visit, I complete the medical record entry, recording my memory of the conversation with the owners as well the findings I make during my physical examination. In general, my entries are completed immediately following the visit, but my clinic has a policy that all medical records must be completed by the end of the day on which the visit occurred. This policy, in addition to adhering to this Board's regulations, also provides us with a written record prepared contemporaneously with the examination, making it the most accurate account of what occurred on that day (not colored by emotion or made inaccurate by the passage of time).

On October 12, 2016, Bella came to see me for her annual examination and for a Bordatella vaccination. At that examination, Bella's eating, drinking, attitude, and activity level were all normal. This is information we would have obtained directly from her owners during our history and my examination. There is no indication that the owner complained that Bella was panting or had experienced any behavioral changes at the time of this examination. At this examination, we recorded a body weight of 74.8 pounds (compared with 69.8 pounds in October 2015).

On January 20, 2017, I saw Bella for her DA2PP and Rabies vaccinations. The notes taken from the history provided by the owners at this examination again indicate that Bella's eating, drinking, attitude, and activity levels were normal, and no concerns were noted. At this examination, Bella's weight was recorded as 75.8 pounds.

On July 27, 2017, Bella presented to me with the following signs: her appetite was up and down; her bowel movements were "mushy" and seemed "urgent"; she had a rash on her chin; she was experiencing increased panting; she was scooting; and she was paying more attention to her vulva. At this visit, Bella's weight was recorded as 73.2 pounds.

I reviewed Bella's history and found that she had an extensive history of urinary tract infections, vulvar dermatitis and vaginitis, and anal sacculitis, any of which could explain her current signs. Her skin, especially in the perivulvar region, was quiet that day. She did have a pedunculated lesion on the dorsal aspect of her L front foot that appeared to be static in size, and a patch of erythema and pimples along her R lower jaw. I took Bella to the treatment area where I was able to express a large amount of material from her right anal gland and a small amount of material from her left anal gland, a condition which could explain her signs of licking and scooting. The owners brought with them a urine sample, but my recommendation was that if we were going to submit a urine sample, it should be a fresh sample

that we would send to Antech lab for testing. We agreed at that time that we would start Bella on antibiotics (Clavamox) to address a possible urinary tract infection, vaginitis, and the rash on her chin. We hoped that with emptied anal glands and antibiotic therapy Bella's signs would resolve. I told Bella's owners to return with her if any of her signs worsened or did not resolve. The owners expressed to me that given Bella's age they would decline to take "extraordinary" measures if she had something like cancer.

Regarding Bella's panting, I have found in my years of practice that panting is very non-specific, and it is often related to environment (summer, heat, storms), anxiety, pain and discomfort. Because the owners reported to me at the July appointment several behavioral changes (licking and scooting) that seemed to indicate discomfort, I decided to see if Bella's increased panting would resolve with empty anal glands and antibiotic therapy. I also reviewed Bella's medical record at the time of the exam, and discovered a history of increased nervousness, including during monsoon season, which it then was (*see exam notes for August 3, 2007, November 29, 2007, and June 18, 2008, August 5, 2009*). In addition, the owners must have thought she had some pain or discomfort because they had taken it upon themselves to administer aspirin as needed, not under my direction.

The change in Bella's bowel movements was again non-specific and could have been caused by stress, dietary indiscretion, or intestinal bacterial overgrowth, as well as being possibly related to a number of Bella's previous conditions, so I decided to treat it with metronidazole and asked the owners to let me know if her loose stools didn't resolve.

While Bella's appetite was reported to be up and down, I decided to see if resolving her other signs might help normalize her appetite again. I was not particularly concerned with fluctuations in her appetite because it was monsoon season and Bella has historically become nervous during this time, and because Bella's weight continued to be stable.

Bella's physical exam was fairly unremarkable – no major health concerns were identified. Overall, despite her signs at this examination, I thought Bella looked good for an 11 year old dog, and I likely said as much. Declaring that any patient of mine is "PERFECTLY HEALTHY" would be unusual as health is a constantly variable condition, and it is just not something I would have said as we were treating her for diarrhea, a possible urinary tract infection vs vaginitis, a skin rash, and anal sacculitis.

The owners did not inform us of their travel plans. When owners have been advised to return if their pet's condition does not resolve or worsens and we don't see them, we are left to assume that the pet has recovered. We did not hear anything from the owners until the request for refill antibiotics on August 17, 2017 and August 31, 2017. At the time the owners called for additional antibiotics, they did not indicate a worsened condition or dramatic weight loss. We did not hear anything from the owners or caretaker until St. Mary's Animal Clinic requested her records October 10, 2017. I remain unaware of the timeline over which Bella's condition declined. The owners state in their complaint that their trusted caretaker indicated that Bella's condition had deteriorated over the course of her stay, stating that she seemed to have been in good condition at the time she was initially dropped off with them. This would have been approximately one month after my last examination of Bella (according to their complaint statement).

What we do know, and what is common with DM, is that sometime after July 27, 2017 Bella's condition changed and she lost approximately one third of her body weight. This is a dramatic change for Bella,



because as we can see from her weight chart, she has maintained a relatively stable weight for most of her life. This sign simply was not present at the time of my July examination. Nor were there indications that Bella was experiencing increased water consumption or urination. While the owners claim that in July they noted that Bella was drinking "a lot of water," this does not necessarily indicate an increase in water consumption. In fact Bella's record reveals that "drinking a lot of water" was often reported during her annual examinations, and drinking a lot of water just seems to be her "normal". Her signs at the July examination were consistent with chronic conditions Bella has struggled with over the course of her life.

The owners also indicate in their complaint that Bella had had a slightly increased blood glucose level of 129 mg/dl (normal 60-125 mg/dl) in October 2006, over 11 years ago. A minimally increased blood glucose level more than a decade earlier is simply not an indication of a predisposition towards later developing DM. There are numerous plausible explanations for this isolated increased blood glucose in 2006, but they are not pertinent here.<sup>1</sup> When Dr. Tye submitted blood and urine to the lab on February 13, 2009 he had listed Atopy vs Allergy on his rule out list, but I suspect did the labwork to check for a UTI or possible congenital reason for the perceived issue with water consumption and urination. Thankfully the lab results were all within normal limits; there was no "pu/pd footprint" and the blood glucose was within the normal range. But these results are not pertinent either due to the passage of time.

To me it is clear that her condition changed sometime after I saw her July 27, 2017 and that the onset of her DM also occurred after that exam. A lot can happen in the life of an 11 year old dog over the course of almost 3 months. If I had seen any indication of such an onset, I would have run the appropriate tests. As the owner of a diabetic dog, I am quite sensitive to the signs. I truly wish Bella many years of happy life, as many diabetics can find. I stand by the care that my team and I provided to Bella during her time as a patient at my clinic.



Linda J Lueth, DVM

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<sup>1</sup>Perhaps that test was run on a non-fasted blood sample, or as Dr. Vasilopoulos noted at the time, it may have been stress induced.

**DOUGLAS A. DUCEY**  
- GOVERNOR -



**VICTORIA WHITMORE**  
- EXECUTIVE DIRECTOR -

## **ARIZONA STATE VETERINARY MEDICAL EXAMINING BOARD**

1740 W. ADAMS STREET, STE. 4600, PHOENIX, ARIZONA 85007

PHONE (602) 364-1-PET (1738) ♦ FAX (602) 364-1039

VETBOARD.AZ.GOV

### **INVESTIGATIVE COMMITTEE REPORT**

**TO:** Arizona State Veterinary Medical Examining Board

**FROM:** PM Investigative Committee: Donald Noah, D.V.M. - Chair  
Amrit Rai, D.V.M. - **Absent**  
Adam Almaraz  
Christine Butkiewicz, D.V.M.  
Tamara Murphy - **Absent**

**STAFF PRESENT:** Tracy Riendeau, CVT, Staff Investigator  
Victoria Whitmore, Executive Director  
Sunita Krishna, Assistant Attorney General

**RE:** Case: 18-45

Complainant(s): Tom and Gwen Meaney

Respondent(s): Linda Lueth, DVM (License: 3684)

#### **SUMMARY:**

Complaint Received at Board Office: 12/15/17

Committee Discussion: 3/6/18

Board IIR: 4/18/18

#### **APPLICABLE STATUTES AND RULES:**

Laws as Amended July 2014

(Salmon); Rules as Revised September  
2013 (Yellow)

On July 27, 2017, "Bella," an 11-year-old female Labrador Retriever was presented to Respondent for exam; the dog had been panting, scooting, paying attention to her vulva and had dermatitis on her chin. After exam and treatment, Respondent dispensed Clavamox and Metronidazole and refilled Proin at discharge.

On October 10, 2017, the dog was presented to St. Mary's Animal Clinic where the dog was diagnosed with diabetes mellitus.

Complainants contend Respondent was negligent in the care of the dog.

**Complainant was noticed and appeared telephonically.**

**Respondent was noticed and appeared.**

**The Committee reviewed medical records, testimony, and other documentation as described below:**

- Complainant(s) narrative: Tom and Gwen Meaney
- Respondent(s) narrative/medical record: Linda Lueth, DVM
- Consulting veterinarian(s) narrative/medical record: Joshua Fender, DVM – St. Mary's Animal Clinic

**PROPOSED 'FINDINGS of FACT':**

1. On January 20, 2017, the dog was presented to Respondent for vaccines. Complainants reported that the dog was doing well and was currently taking Proin 50mg twice a day for urinary incontinence. Upon exam, the dog had a weight = 75.8 pounds, a temperature = 99.6 degrees, a pulse rate = 80bpm and a respiration rate = 28rpm. A pedunculated mass was noted on the left front foot and all systems were within normal limits. Anal glands were expressed and vaccines were administered.
2. On July 27, 2017, the dog was presented to Respondent for an exam, Complainants reported that the dog was not eating really well, there was dermatitis on her chin, she was having increased panting, scooting, soft stool and was paying more attention to her vulva. According to Complainants, they asked Respondent if there was testing or radiographs for the dog's panting and lack of spunk. The dog also had bad breath and seemed to be drinking a lot of water. Complainants brought in a urine sample. The dog was currently on Proin 50mg twice a day and aspirin as needed. Upon exam, the dog had a weight = 73.20 pounds, a temperature = 100.3 degrees, a pulse rate = 100bpm and a respiration rate = panting. Respondent noted that the lower right side of the dog's jaw had a patch of erythema pimples and there was a mass on the dog's left front foot. The perivulvar area was quiet and dry.
3. Respondent took the dog into the treatment area and expressed a large amount of material from the right anal gland and a small amount from the left anal glad, which could explain the dog's signs of licking and scooting. Respondent stated in her narrative that the Complainants brought in a urine sample and she recommended that if they were going to submit a urine sample, it should be a fresh sample that they could send to the lab for testing. They agreed to start the dog on antibiotics to address a possible urinary tract infection, vaginitis, and the rash on the chin.
4. Respondent felt the dog's panting could have been due to discomfort from full anal glands, heat and nervousness. The soft stool could have been caused by stress, dietary indiscretion or intestinal bacterial overgrowth. She elected to treat the dog with Metronidazole and asked Complainants to let her know if the loose stools did not resolve. With respect to the fluctuating appetite, Respondent wanted to see if resolving the other signs would help with the appetite. Also, the dog was known to be nervous during the monsoons and her weight was stable.
5. The dog was discharged with treatments for diarrhea, possible urinary tract infection vs vaginitis, a skin rash, and anal sacculitis – Clavamox and Metronidazole and a refill of Proin. No blood work or urinalysis was performed. Last blood work was performed in 2009.
6. Prescription refills were requested on August 16<sup>th</sup> and August 31<sup>st</sup>.
7. On August 20, 2017, Complainants went out of town for approximately 6 weeks and the dog stayed with a friend. Respondent stated that she was unaware of Complainants travel plans.
8. Complainants stated that during the time that they were gone, the dog's condition deteriorated. When they returned, they elected to take the dog to St. Mary's Animal Clinic.



9. On October 10, 2017, the dog was presented to Dr. Fender due to lethargy, not eating, weight loss and drinking more than usual. Upon exam, the dog had a weight = 50.6 pounds. Dr. Fender recommended blood work, urinalysis and radiographs. His differential diagnoses were diabetes, renal disease, liver disease, adrenal issues and neoplasia.

10. Dr. Fender relayed the blood results to Complainants stating the dog was diabetic and had been likely suffering from diabetes since first noticing the symptoms a few months earlier. Radiographs were unremarkable. Dr. Fender went over diabetes treatment with insulin – how to administer insulin, feeding schedule, glucose curve rechecks and antibiotics for possible urinary tract infection.

11. Complainants expressed concerns Respondent did not perform diagnostic testing in July.

### **COMMITTEE DISCUSSION:**

The Committee discussed that there are no set standards of timing and frequency of when to perform bloodwork; it is based on the critical thinking of the doctor given the information they derive from an exam and the history from the pet owner. The weight loss of the dog took place after the last time Respondent saw the dog. However, it is never a bad idea to perform or offer blood work. Respondent should have offered diagnostics as it seemed Complainants were interested based on the fact they brought in a urine sample.

The Committee was concerned that veterinary care was not sought out when the dog was declining.

### **COMMITTEE'S PROPOSED CONCLUSIONS of LAW:**

The Committee concluded that no violations of the *Veterinary Practice Act* occurred.

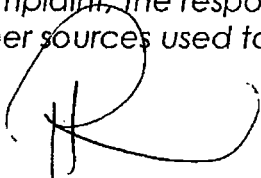
### **COMMITTEE'S RECOMMENDED DISPOSITION:**

**Motion:** It was moved and seconded the Board:

*Dismiss this issue with no violation.*

**Vote:** The motion was approved with a vote of 3 to 0.

*The information contained in this report was obtained from the case file, which includes the complaint, the respondent's response, any consulting veterinarian or witness input, and any other sources used to gather information for the investigation.*




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Tracy A. Riendeau, CVT  
Investigative Division